



# Retiree Benefit Focus

Department of Administration, Office of Group Insurance

Boise Idaho

June 2005

Idaho Transition Period Set July 1 through December 31, 2005  
to Accommodate New Medicare (Part D) Regulations

## State Retiree Medical Plans Under Review ... No Changes to Current Plans; No Actions Required

Over the next several months, the Office of Group Insurance will be coordinating the Retiree Medical Plans with implementation of the new Medicare Prescription Drug Improvement and Modernization Act of 2003 (Medicare Part D), to become effective Jan. 1, 2006.

### Transition Period July 1 - Dec. 31, 2005

With this in mind, the Office of Group Insurance is **extending implementation** of the state's Retiree Medical Plans. A transition period has been set between July 1 and December 31 to review the new Medicare regulations/impacts and assess the state plans for both Medicare-eligible retirees, and those not yet eligible.



### Annual \$2,000 Prescription Cap Renews



For those retirees who have selected the **capped prescription drug option**, the annual cap (\$2,000) will renew automatically effective July 1, 2005. The deductible and out of pocket maximum amounts will also begin again. See story, page 3.

### Statewide Retiree Meetings to be Held

Statewide meetings and workshops will be held later this summer to discuss the medical plans and options, and to receive your input.

**Watch for a meeting schedule** to be mailed to your home in advance of these sessions.

### Your Questions, Comments Welcome

If you have further questions, please contact the Department of Administration, Office of Group Insurance, at: **1- 800-531-0597** or **332-1860** (Boise Area). We will be providing you more information in the months ahead.

*Thank You for your involvement*

### No Premium Increases, No Plan Changes, No Actions Required at This Time

During the transition period, you will **remain covered in your current plan**.

There will be **no increases to your monthly premiums** during this six -month transition and **no changes to the current plan design**.

Plan enhancements negotiated through Blue-Cross of Idaho for active employees (disease management and wellness) will be made available to retirees. See story, page 2.

And, unlike previous enrollment periods, you are **not being asked to take any actions at this time**.

## Fiscal Year 2006 Transition Period Monthly Premium Rates:

From July 1, 2005 to December 31, 2005, the monthly premium rates for Retiree-paid Medical coverage under the **Traditional** or **Preferred Provider Organization Plan (PPO)** — are as follows:

<b>PPO Plan \$2,000 Prescription Drug Cap</b>	<b>Retiree</b>	<b>Retiree + Spouse</b>	<b>Retiree + Child (ren)</b>	<b>Family</b>
No Medicare	\$378	\$670	\$486	\$778
One on Medicare	\$183	\$562	\$291	\$670
Two on Medicare	N/A	\$354	N/A	\$461
<b>Traditional \$2,000 Prescription Drug Cap</b>	<b>Retiree</b>	<b>Retiree + Spouse</b>	<b>Retiree + Child (ren)</b>	<b>Family</b>
No Medicare	\$386	\$686	\$502	\$802
One on Medicare	\$183	\$570	\$299	\$686
Two on Medicare	N/A	\$354	N/A	\$469
<b>PPO Plan No Cap Prescription Drug Benefit</b>	<b>Retiree</b>	<b>Retiree + Spouse</b>	<b>Retiree + Child (ren)</b>	<b>Family</b>
No Medicare	\$454	\$820	\$638	\$1,004
One on Medicare	\$259	\$712	\$443	\$896
Two on Medicare	N/A	\$505	N/A	\$687
<b>Traditional No Cap Prescription Drug Benefit</b>	<b>Retiree</b>	<b>Retiree + Spouse</b>	<b>Retiree + Child (ren)</b>	<b>Family</b>
No Medicare	\$462	\$836	\$654	\$1,028
One on Medicare	\$259	\$720	\$451	\$912
Two on Medicare	N/A	\$505	N/A	\$695

## Blood Tests, Disease Management Options Added to Plans

Two commonly ordered blood tests have been added to the Wellness Benefit for both the PPO Plan and the Traditional Plan for retirees.

Included are: the **Complete Blood Count (CBC)** and the **Blood Chemistry Panel (SMAC)** tests.

Significantly improved wellness benefits were incorporated into both plans last year. Major changes included not limiting the wellness benefit to a 24 or 36 month time limit, and in most cases, increasing the dollar threshold.

### Disease Management Program Options Available For Congestive Heart Failure, and Diabetes

**Effective July 1, 2005**, two Disease Management program options will be available. These programs serve to coordinate medical resources and information for both the plan member and the provider. This coordination can shift the care of chronic conditions from one of treatment, to that of prevention and early detection. The programs will focus on two chronic ailments:



### Congestive Heart Failure and Diabetes.

Both of these illnesses have a great impact on the lives of our retirees and their dependents, as well as on overall plan costs. These programs are designed around proven information from medical studies to improve the quality of care and help manage or reduce health care costs. Additionally, they can reduce members' out of pocket expenses because they will not need costly treatment as often as they might otherwise require.

### Participation is Voluntary

Participation in the disease management programs is **voluntary**. If you are interested, please contact: **BlueCross of Idaho** at: **208-387-6924** or **1-800-627-6655 ext: 6924**.

**Low risk** participants may only receive educational materials. **High-risk** participants will have frequent contact with a disease management nurse.

Plan participants will be provided with results, or measurements of their progress or improvement.

Benefit Provision	State Retiree Health Insurance Plans		
	Traditional	PPO In-Network	PPO Out-of-Network
Deductible	\$350 Individual \$1,050 Family	\$250 Individual \$750 Family	\$500 Individual \$1,500 Family
Office Visit	Applied to Deductible	\$20 Co-pay (additional services subject to Deductible and Co-insurance)	Applied to Deductible
Co-insurance	80% / 20% of allowable charges	85% / 15% of allowable charges	70% / 30% of allowable charges
Out of Pocket Maximum	\$4,300 / Individual \$8,600 / Family Includes Deductible	\$3,250 / Individual \$6,750 / Family Includes Deductible	\$6,500 / Individual \$13,500 / Family Includes Deductible
In-Patient Hospital	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
Wellness	\$250 per person, per plan year benefit for listed procedures, not subject to deductible. After \$250, expenses subject to deductible and Co-insurance.	\$20 Office Co-pay, then 100% for listed procedures. No limits per plan year. Unlisted procedures are subject to deductible and Co-insurance.	Not Covered, except for screening mammography services at 70% of allowable charges subject to deductible.

### Prescription Benefits FY 06: Both Medical Plans (Capped and No Cap Benefits)

Network and Non-Network Dispensing	Network Pharmacy Co-payments	Non-Network Pharmacy Co-payments
30-day supply per co-payment Maintenance drugs — 2 co-payments per 90-day supply	Generic — \$12 Brand Name with no generic equivalent — \$18; Brand with generic equivalent — \$40 plus difference in cost between brand and generic.	\$25 co-payment plus 20% of balance.



## PERSI offers new option for unused sick leave



PERSI is offering current retirees with an unused sick leave balance as new option for paying health care premiums. Previously, premiums could only be paid from a single source.

**Effective July 1, 2005**, you may now use sick leave credits to pay partial health care premiums, which could extend your sick leave entitlement to or closer to age 65 when you become eligible for Medicare.

For example, if your total health care premium is \$350 per month, \$200 from your unused sick leave balance can be applied towards the premium, with the remaining \$150 as a deduction from your benefit check. PERSI will contact retirees who are eligible for this "split" option.

## Prescription Drug Cap for Both Plans Will Renew

For retirees who have selected the capped prescription drug option, (on either the PPO or Traditional Plan), the annual cap will renew.

This is an individual cap where each person enrolled on your policy has an annual cap of \$2,000 for prescription drug expenses. Premiums are less with this option, but drugs could cost more if the \$2,000 cap is exceeded.

**Effective July 1, 2005**, the cap will begin again, and each individual enrolled in a capped option will have \$2,000 available to be applied to prescription drugs. The cap will be in place for the six-month transition period from July 1, 2005 through December 31, 2005.



## Insurance Information Contacts

### Department of Administration Office of Group Insurance:

1-800-531-0597 (Boise Area: 332-1860)

### BlueCross of Idaho

1-866-804-2253 (Boise Area: 331-8897)

### Senior Health Insurance Benefit Advisors Program (SHIBA) in Idaho (1-800-247-4422)



[www.idaho.gov/  
adm/insurance](http://www.idaho.gov/adm/insurance)

[www.bcidaho.com](http://www.bcidaho.com)



[www.medicare.gov/](http://www.medicare.gov/)

## Your Health Plan — 24/7

**My Health Plan** offers you quick and secure access to your individual health plan information via the BlueCross of Idaho's Web site at:

**[www.bcidaho.com](http://www.bcidaho.com)**

After completing a short registration process, you can access the secure Member section where you will find many self-service tools. Here are some of the services you'll find on *My Health Plan*:

- Review your benefits and eligibility
- Check your claims status online
- Track your deductible accumulation

Other features and services available on the BlueCross of Idaho Web site include:

- Personalized information
- No more waiting on hold
- Order additional ID cards
- Check provider's contracting status
- Available 24/7, convenient, secure access

If you have questions about *My Health Plan* or Blue Cross of Idaho's Web site, or need more information, please call **Customer Services at 1-866-804-2253 or 208-331-8897.**

This publication presents general benefit information. In the event of any conflict between the information in this publication and the Plan provisions, the Plan documents and insurance contracts will govern.

RETURN SERVICE REQUESTED

State of Idaho  
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Office of Group Insurance  
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**Important Information About  
Your State Retiree Medical Plans**

PRESORT  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT #78